Attachment

SOCIAL INTAKE FORM

I. DEMOGRAPHIC INFORMATION

Name: _____ SSN: _____

Address: _____ DOE: _____

City: _____ DOB: _____ Age: _____

State: _____ Zip Code: _____ Phone #: ( ) _____

II. FAMILY BACKGROUND

Mother/Guardian: _____ Father/Guardian: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip Code: _____ State: _____ Zip Code: _____

Phone #: ( ) _____ Phone #: ( ) _____

Siblings: Yes _____ No _____ If yes, how many: _____

Children: Yes _____ No _____ If yes, how many: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name :_____ Age: _____ Name: _____ Age: _____

Has the Job Corps child allotment been explained to you? Yes_____ No_____

Who is the day care provider for your child(ren)? _____

Who raised you? _____

Whom have you lived with for the past year? _____

How long have you lived there? _____ Do you like living there? _____

If a minor, do you live with your parent? Yes_____ No_____

If no, the reason is: _____

Do you have a caseworker? Yes_____ No_____

If yes, caseworker's name is: _____ Phone #: ( ) _____

Describe your relationship with the following people (e.g., excellent, good, fair, poor, none):

Mother/guardian: _____

Father/guardian: _____

Siblings: _____

Significant other/spouse: _____

Friends: _____

Others (e.g., teachers, bosses, etc.): _____

III. LEGAL ISSUES

Have you even been in trouble with the police? Yes _____ No _____

If yes, for: _____

Are you presently awaiting charges, court, or sentencing? Yes _____ No _____

If yes, for: _____

Are you currently on probation? Yes _____ No _____

If yes, probation officer's name: _____ Phone #: ( ) _____

Address: _____

City: _____ State: _____ Zip Code: _____

IV. EDUCATIONAL BACKGROUND

Did you receive any special education or resource classes? Yes _____ No _____

If yes, in what areas? _____

Why did you leave school? _____

Were you ever suspended or expelled? Yes _____ No _____

If yes, how many times and reason(s): _____

V. WELLNESS SUPPORT

Job Corps wants to support you in your career progression. Often, personal issues can interfere with your career progression. Job Corps offers a full program of support. **Information will be confidential and shared only with staff/agencies with a need to know, as required by Job Corps or community laws.**

Have you ever been in counseling before? Yes _____ No _____ Was it helpful? Yes _____ No _____

_____ Depression (feeling sad, hopeless, crying, sleep or appetite problems, low energy, withdrawn)
Previous treatment/counseling at _____ Date: _____

_____ Auditory or visual hallucinations (hearing voices or seeing things)

_____ Suicide thoughts _____ Gesture(s) _____ Attempt(s) _____
When? _____ Plan: _____
Previous treatment/counseling at _____ Date: _____

_____ Anger issues (easily irritated, bad temper, violent outbursts, punches people/things)

_____ Anxiety (feeling stressed out, fearful, panics, always worried)

_____ Poor self-esteem (feeling worthless, cannot do anything right, puts self down)

_____ Sexual abuse (rape, incest, molestation) When (age): _____
Previous treatment/counseling at _____ Date: _____

_____ Physical abuse (hit by family member, significant other)

_____ Relationship issues Family _____ Partner _____ Friends _____ Gang _____
Substance use of family or partner _____

_____ Grief issues (dealing with the loss of family or friend)

_____ Parenting issues (overwhelmed by child-rearing responsibility, fearful of abusing child)

_____ Attention deficit hyperactivity disorder (trouble concentrating, over-energized, cannot complete tasks)

VI. WELLNESS ALCOHOL AND DRUG USE INVENTORY

I understand this information is confidential and will only be shared with Job Corps staff with a need to know.

Have you ever experimented with or used alcohol or other drugs? Yes _____ No _____

Please provide your age when you first used and how many times you have used in the past 30 days:

Substance Used	Age Started	Frequency of Use	# of Times Used in Last 30 Days
Alcohol			
Alcohol to point of intoxication (drunk)			
Cigarettes or chewing tobacco			
Marijuana (maryjane, bud, chronic, hydro)			
Cocaine (coke)			
Crack			
Amphetamines (meth, speed, tweek, glass, crank)			
PCP (sherm, angel dust)			
LSD (acid)			
Heroin or opium			
Ecstasy (E, X, XTC)			
Barbiturates, benzos (Klonopin, Ativan, Valium) or other sedatives (somas)			
Methadone			
Opiates (codeine, morphine, percocet)			
Inhalants (paint, glue, gas, whippets, etc.)			
Polydrug use (more than one at a time)			

Have you ever used a needle to shoot any of these drugs? Yes_____ No_____

Do you worry about how substance use may affect your future or health? Yes_____ No_____

Have you ever tried to stop using all substances? Yes_____ No_____

If Yes:

Why did you stop?_____

When did you stop and for how long?_____

Reasons for restarting:_____

In your lifetime, how many times have you experienced the following because of your substance abuse:

Experience	# of Times	Comments
Lost time or forgot about events when drinking		
Had the shakes after drinking		
Overdosed on drugs		
Been arrested for possession of alcohol, DUI, or public intoxication		
Been arrested for possession of drugs or paraphernalia		
Lost a job		
Lost friends or partners		
Accidental injury (cut self, fracture, sprain)		
Arguments or fights over your use		

Have you ever been treated for alcohol or drug abuse? Yes_____ No_____

If yes: Where:_____ Date:_____

Do you feel that any family members, your partner, or friends have problems with drugs or alcohol that affects you? Yes_____ No_____

DO YOU WANT ASSISTANCE IN DEALING WITH ANY OF THESE ISSUES?

Yes _____ No (but I understand that I may seek help at any time) _____

Student Signature _____ Date _____/_____/_____

Staff Signature _____ Date _____/_____/_____

Reviewed by:

Counseling Manager: _____ Date_____/_____/_____

Center Mental Health Consultant**:** _____Date_____/_____/_____

ITEMS FOR INTERVENTION PLAN:

_____ TEAP REFERRAL

_____ MENTAL HEALTH REFERRAL **Assigned to: _____**

_____ SPECIAL GROUPS **Group(s): _____**

COMMENTS REGARDING STUDENT'S MOTIVATION AND NEEDS: